

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

**APPLICATION FOR CANCELLATION
OF ASSUMED
LIMITED LIABILITY PARTNERSHIP
NAME**

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-145, the under-
signed Limited Liability Partnership hereby submits this application:

1. The true name of the Limited Liability Partnership is: _____

2. The state or country of registration is: _____

3. The Limited Liability Partnership intends to cease transacting business under an assumed Limited
Liability Partnership name by cancelling it.

4. The assumed Limited Liability Partnership name to be cancelled is: _____

Signature Date

Name of Limited Liability Partnership

Signer's Capacity

Signature

Name (typed or printed)